

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Travis Nobles  
**Scribe:** Nikita Smith  
**Date:** 10/17/2007  
**Time:** 10:30 – 11:30 a.m.  
**Location:** Wycliff, Conference Room 430

### IPRS Core Team Attendees:

x Rick Kretschmer  
 Sarah Harris  
 x Cheryl McQueen  
 x Paul Carr  
 Gary Imes  
 Joyce Sims  
 Cathy Bennett  
 x Thelma Hayter  
 x Eric Johnson

### Others:

Tim Sullivan  
 x Jamie Herubin  
 x Sandy Flores  
 x Mike Frost  
 Myran Harris  
 x Chris Ferrell  
 Deborah LeBlanc  
 x Nikita Smith  
 x Travis Nobles

### Attendees:

x Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Sandhills Center
x Crossroads	x SE Center
x Cumberland	x SE Regional
x Durham	Smoky Mountain
x Eastpointe	x Wake
x ECBH	x Western Highlands
Five – County MHA	x Beacon Center
x Foothills	
x Guilford	
x Johnston	
x Mecklenburg	

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Attendees:

Item No. Topics

Area Programs, Division and EDS

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – October 18, 25, Nov 1,8
4. Agenda items
  - Service Array Update
  - IPPR2419-New State Rate Report
  - Billing LCS and LCAS
  - Please e-mail all questions and concerns to [IPRS.QANDA@ncmail.net](mailto:IPRS.QANDA@ncmail.net)
  - Timely Filing Cutoff- 10/25 Checkwrite
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - **Update scheduled termination: TBD**
  - IPRS Questions or Concerns
  - MMIS Updates –Chris Ferrell
6. DMH and/or EDS concluding remarks
  - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate option listed below or 0 for the operator.
    - i. Physician phone analyst (i.e. Independent Mental Health Providers)-1
    - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
7. Roll Call Updates

Next Meeting

**October 24, 2007**

*For assistance with IPRS claims, adjustments, R2Web, access applications, etc.*

*Call the IPRS Help Desk - 1-800-688-6696, option 4 or 919-816-4355  
M – F 8:00am - 4:30pm, excluding Holidays*

IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. <b>Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.</b>
3.	<u>Upcoming Check-writes</u> (cut-off dates) October 18, 25, Nov 1, 8
4.	<p><u>Agenda items – Service Array Update</u></p> <p><b>(Cheryl McQueen)</b> The Array of Services was updated and added a couple of codes AMSRE and AMDEF pop groups. If you go to the IPRS website you will see the new array and the changes are highlighted in yellow.</p> <p><b>IPPR2419-New State Rate Report</b> New Rate report that is broken by LME. They can go out and pull up the rate that is established for their LME. There is a separate one for the State-wide default rates that are currently active.</p> <p><u>Billing for LCS and LCAS</u> Put in the code so the LME can bill LCAS but can't bill LCS. Only the LCAS can be billed for CPT codes.</p> <p><b>(Rhonda-Eastpointe)</b> <b>Q:</b> Can a Physician Assistant bill? <b>A:</b> They can bill in relationship to the "Incident to" policy. Cheryl is not familiar with the policy but thinks they can bill in relationship to that policy. Chris- The "Incident to" policy is for Mental Health and is listed in the Independent Mental Health Guidelines that they got in the Provider Manual Special Bulletin for Independent Practitioners. Look under "Incident to". For Mental Health the persons who are billing the "Incident to", need to be readily available, which means they have to be on-site and part of the patient's care. Medical services and not Mental Health, then the guidelines for "Incident to" are different. If it's medical then the physician needs to be readily available. Chris will send the guidelines to QANDA.</p> <p><u>Agenda items- Beta Testing</u></p> <p><b>(Travis Nobles)</b> –No new Beta Testing last week. If you hadn't done any beta testing please do so.</p> <p>Cheryl- Want to stress how important it is to do the Beta Testing. In addition to get your NPI numbers enrolled for your attending providers especially for the ones who have IPRS only numbers. Not a lot you can do for the ones who are direct enrolled since we copy over from Medicaid but you can stress to them how important it is to get their numbers into DMA. We plan on implementing our solution at the end of December, so the LMEs can (have the option to) start submitting with only the NPI in January, but they won't be able to do that unless they have Beta tested. Then, even once you Beta Tested, if you don't have the NPI numbers enrolled for your attending providers it's not going to do them any good because</p>

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they will be submitted with legacy numbers. The cutoff in May will be a hard and fast cutoff, so everyone by May 22, or 23 will have to submit using only NPI, so it only gives one month before the end of the fiscal year.

#### IPRS Questions

- Q: (Tom-Western Highlands) Has EDS developed the capability to accept procedure code T1023 and GT modifier and the Q3014?
- A: (Cheryl) We are working on that. In the final stages of testing. Hopefully in the next couple weeks will have a solution.
- Q: Has a rate been established for the Q3014?
- A: Not sure will have to check on that. The Q code is also submitted with a GT modifier
- Q:(Kelly-Durham). Have they found out about the 3-4 modifiers starting December 1.
- A: The plan right now is to have everything ready to go on December 1.
- Q: (Dana-Catawba) – Could you give a little more detail about the modifiers?
- A: (Cheryl) Part of the legislation that was passed was that Legislature requested that DMA keep track or be able to track for community support the type of people whether they are QP or Paraprofessional. The way to do that is Medicaid is creating secondary modifiers that will be submitted on all community support claims and because Medicaid is doing this, IPRS will do the same. IPRS is implementing the secondary modifiers and will process them through the system. The rates are not changing as of right now whether or not the service is provided by a Professional or Paraprofessional - the rate will initially be the same.
- Q: (Kelly-Durham) - Can we get those sooner than later (modifiers)?
- A: As soon as the modifiers are finalized DMH will notify the LMEs.
- Q: Are you planning on using existing modifiers or new?
- A: Believe that it will be new modifiers that are not used for anything else, don't think right now that anything else track what is being provided by a Professional or Paraprofessional. Will not want to cause confusion by using a modifier that will have two different meanings.
- Q: Among the release, will you include the criteria for determining the appropriate modifier?
- A: The only criteria is "are they a QP or not?" Medicaid will have all of this explained in the bulletin article when it comes out.
- Q: Catawba- do you have a target date for implementing?
- A: December 1.
- Q: Does the IPRS 837 provide secondary modifier submission?
- A: Yes, the 837 can handle up to 4 modifiers.
- Q: Is it already in the manual?
- A: Yes.

#### Medicaid Questions

- Q: (Donna-Onslow-Carteret)- T1999 do we still have to file to 3<sup>rd</sup> party insurance?
- A: Chris- I think that we will have to file to 3<sup>rd</sup> party, but will give a documented answer through QANDA.
- Q: (Teresa- Alamance)- Can we get that answer forwarded to us as well?
- A: Yes, we can send out to the whole Core Team distribution.
- Q: (Kelly-Durham)- I think we should see if the 3<sup>rd</sup> party edit can be removed. We have addressed it with Medicaid before but the claims still denies if you don't submit the 3<sup>rd</sup> party insurance so it's most likely that no insurance will cover so why

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is the edit still in place?

- A: We will address through QANDA

**Roll Call Updates**

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